

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET						SERIAL NO.	10815393	FILING DATE	4-1-04		
						APPLICANT(S)					
CLAIMS											
	AD FILED		ADDITIONAL AMENDMENT		ADDITIONAL AMENDMENT		DID	DEP	DID	DEP	
	CID	DEP	CID	DEP	CID	DEP					
1							51				
2							52				
3							53				
4		1					54				
5		1					55				
6		1					56				
7		1					57				
8		1					58				
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43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	4						TOTAL IND.				
TOTAL DEP.	10		→		→		TOTAL DEP.	→		→	
TOTAL CLAIMS	14						TOTAL CLAIMS				